

AUTO CR - LOG SUMMARY #1075100

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that while attempting to execute a search warrant, the involved officer discharged his weapon at a dog that charged at him.	(None Entered)		

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	MOSTEK, CARLOS M		009 /	LIEUTENANT OF POLICE	M	S		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
10-MAY-2015 12:00 - 10-MAY-2015 12:00		0715	007	090 - APARTMENT	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Involved Member	KILLEN, KEVIN M	2016	009 /	POLICE OFFICER	M	WHI		

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL	Y	Y

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	11-DEC-2015 02:53	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	11-DEC-2015 02:53	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	09-JUN-2015 11:39	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	09-JUN-2015 10:39	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PRELIMINARY	11-MAY-2015 07:23	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	synoptic report, drug alcohol testing
PENDING SUPERVISOR REVIEW	10-MAY-2015 10:30	CLARK, TAMMY	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	10-MAY-2015 10:30	CLARK, TAMMY	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	10-MAY-2015 10:27	CLARK, TAMMY	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	10-MAY-2015 02:01	LYONS, KRISTI	INVESTIGATOR 3 COPA	113 /	Reference RD [REDACTED]

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					LYONS, KRISTI	10-MAY-2015 02:01			
	DOCUMENTS - INTAKE INCIDENT		3	[REDACTED] Search Warrant Data	N	CLARK, TAMMY	10-MAY-2015 10:24	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1	[REDACTED] Inventory List	N	CLARK, TAMMY	10-MAY-2015 10:23	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		17	PO Killen	N	QUERFURTH, PATRICK	09-JUN-2015 10:39	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3	[REDACTED]	N	CLARK, TAMMY	10-MAY-2015 10:20	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		3	[REDACTED] Search Warrant Pictures	N	CLARK, TAMMY	10-MAY-2015 10:26	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Killen, #6535	N	CLARK, TAMMY	10-MAY-2015 10:20	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Killen, #6535	N	CLARK, TAMMY	10-MAY-2015 10:21	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 10-MAY-2015) - LOG #1075100

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	MOSTEK, CARLOS M			009 /	LIEUTENANT OF POLICE	M	S		

Incident Information

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10-MAY-2015 12:00 - 10-MAY-2015 12:00		0715	007	090 - APARTMENT	

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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	10-MAY-2015 14:01	LYONS, KRISTI	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	11-DEC-2015 02:53	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	11-DEC-2015 02:53	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
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PRELIMINARY	11-MAY-2015 07:23	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	synoptic report, drug alcohol testing
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PRELIMINARY	10-MAY-2015 10:30	CLARK, TAMMY	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	10-MAY-2015 10:27	CLARK, TAMMY	INVESTIGATOR 2 COPA	113 /	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
PRELIMINARY	10-MAY-2015 02:01	LYONS, KRISTI	INVESTIGATOR 3 COPA	113 /	Reference RD HY254508

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11.388(6/03)-C

INCIDENT	APPROVAL COMPLETE		
	IUCR: 143a - Weapons Violation - Unlawful Poss Of Handgun		
	Occurrence Location: [REDACTED] 090 - Apartment	Beat: 0715	Unit Assigned: 0963A RO Arrival Date: 10 May 2015 12:00
	Occurrence Date: 10 May 2015 12:00		# Offenders: 1

NON-OFFENDER(S)	VICTIM - Individual		Police Officer
	Name: P.O. LARMON #16282 3120 S Halsted St Chicago, Illinois 60608		
	Beat: 0913		
	Sobriety: Sober CPD Officer: Yes		

NON-OFFENDER(S)	VICTIM - Individual		Police Officer
	Name: P.O. KILLEN #6535 3120 S Halsted St Chicago, Illinois 60608		
	Beat: 0913		
	Sobriety: Sober CPD Officer: Yes		

NON-OFFENDER(S)	WITNESS - Individual		
	Name: [REDACTED]	Beat: 0715	Demographics
	Res: [REDACTED]		Male White Hispanic DOB: [REDACTED] Age: 27 Years
	CPD Officer: No		

SUSPECT(S)	Suspect # 1		
	Name: [REDACTED]	Beat: 0715	Demographics
	Res: [REDACTED]		Male White 6'01, 205 lbs , Brown Eyes Brown Hair Bald Hair Style Light Complexion DOB: [REDACTED] Age: 35 years

RELATIONSHIP	P.O. LARMON #16282	(Victim)	is a No Relationship of	[REDACTED]	(Offender)
	P.O. KILLEN #6535	(Victim)	is a No Relationship of	[REDACTED]	(Offender)

RD # [REDACTED]



Chicago Police Department - Incident Report

OTHER

Miscellaneous

Victim Information Provided

Flash Message Sent ? No

OTHER PROPERTIES

Property #1

Possessor/User: P.O. Killen #6535,

Description: Ammunition - Live Rounds, 1
Spent Cartridges, 9 Mm Caliber,
Spent 9mm Shell Casing

Inventory # [REDACTED]
Owner: P.O. Killen #6535

Used as Weapon? No
Taken/Stolen? No
Recovered? Yes

NOTIFICATIONS

Request Type	Unit	Agency Name	Date
Notification	116	Deployment Operations Center	10 May 12:08

Other Notifications May Be In Narrative.

Notification		O.E.M.C.	10 May 12:00
Notification	177	Forensic Services Division	10 May 12:28

ZONE 6,
ET. BT. 5880,

NARRATIVES

EVENT [REDACTED] IN SUMMARY: R/O'S CONDUCTED A SEARCH WARRANT UNDER 15SW5790 AT ABOVE LOCATION. R/O'S APPROACHED THE TARGET LOCATION AND KNOCKED SEVERAL TIMES AND ANNOUNCED THEIR OFFICE. AFTER NO ANSWER AFTER REPEATED KNOCKING ATTEMPTS, R/O'S MADE FORCED ENTRY AT WHICH TIME THEY WERE CONFRONTED BY WITNESS AND A WHITE AND BROWN PIT BULL. R/O'S GAVE REPEATED COMMANDS TO WITNESS TO SECURE DOG AT WHICH TIME HE REFUSED TO SECURE DOG. SAID PIT BULL THEN CHARGED R/O'S RESULTING IN R/O KILLEN FIRING (1) ROUND AT PIT BULL STRIKING THE DOG IN FACE. R/O'S WERE THEN ABLE TO SECURE WITNESS AND PIT BULL AND SECURE RESIDENCE. TARGET OF SEARCH WARRANT WAS NOT IN RESIDENCE AND A SYSTEMATIC SEARCH OF RESIDENCE PRODUCED NEGATIVE RESULTS. AT THIS TIME WITNESS RELATED: "IF YOUR LOOKING FOR MY COUSIN [REDACTED], HE JUST MOVED OUT AND I JUST MOVED IN." WITNESS FURTHER RELATED THAT HE JUST FOUND THE DOG (3) MONTHS AGO ON THE STREET AND THAT HE DID NOT HAVE VALID CITY DOG LICENSE FOR SAID DOG. WITNESS ISSUED AN ANOV. BT. 700 NOTIFIED AT 1205 HRS. BT. 900 ON SCENE. ANIMAL CARE AND CONTROL ON SCENE FOR DOG REMOVAL.

NOTIFICATION: DISTRICT DESK GIGLIO Beat#: 701 Star#: 2263 Emp#: Date: 10-MAY-2015 Time: 1205 NOT

NOTIFICATION: DISTRICT DESK PTASZKOWSKI Beat#: 0901 Star#: 1348 Emp#: Date: 10-MAY-2015 Time: 1205 NOT

- STAR#: 6535 NAME: KEVIN KILLEN BEAT: 0963A
- STAR#: 13693 NAME: AARON CARRANZA BEAT: 0963B
- STAR#: 6787 NAME: DANIEL SAMMON BEAT: 0963B
- STAR#: 12794 NAME: DOMINGO ENRIQUEZ JR BEAT: 0963C
- STAR#: 16145 NAME: ANDREW KEMPS BEAT: 0963B
- STAR#: 13373 NAME: ANGEL COLON BEAT: 0963C
- STAR#: 2699 NAME: MIGUEL DE LA TORRE BEAT: 0963
- STAR#: 196 NAME: CARLOS MOSTEK BEAT: 0960
- STAR#: 12474 NAME: VENUS RODRIGUEZ BEAT: 0712

PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Reporting Officer	16282	[REDACTED]	LARMON, Timothy, P	[REDACTED]	10 May 2015 16:01	009	0963A



Chicago Police Department - Incident Report

IUCR ASSOCS.

Victim	IUCR	Crime	Offender
P.O. LARMON #16282	143A	Weapons Violation - Unlawful Poss Of Handgun	
P.O. KILLEN #6535	143A	Weapons Violation - Unlawful Poss Of Handgun	



ACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 10-MAY-2015		TIME 12:00:00		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE 290		4. BEAT/OCCUR 0715										
5. POSITION 9161		6. LAST NAME KILLEN		7. FIRST NAME KEVIN M		8. STAR NO. 6535		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE [REDACTED]		12. HT. 507		13. WT. 155			
14. DATE OF APPT. 13-DEC-1999		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 009 0963A		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No									
20. LAST NAME				21. FIRST NAME				22. M.I.		23. SEX <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE		25. D.O.B.		26. HT.		27. WT.	
28. ADDRESS				29. TELEPHONE NO.				30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
33. WHERE WAS MEDICAL TREATMENT OBTAINED?				34. BY WHOM?				35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid											
36. CHARGES PLACED <input checked="" type="checkbox"/> DNA								37. CB NO.				IR NO. <input checked="" type="checkbox"/> DNA							

18. INA	SUBJECT'S ACTIONS	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
		DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER PITBULL ATTACK	
19. INA	MEMBER'S RESPONSE	MEMBER PRESENCE <input type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFS <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input checked="" type="checkbox"/> OTHER _____	

19. *OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)			40. ADDITIONAL INFORMATION DESPITE REPEATED WARNINGS BY OFFICER KILLEN FOR THE OWNER TO RESTRAIN HIS PITBULL DURING THE EXECUTION OF A SEARCH WARRANT, AND AFTER NOT COMPLYING, THE DOG CHARGED TOWARD R/O WHO FIRED A SINGLE SHOT AT THE VICIOUS ANIMAL STRIKING HIM ONCE IN THE HEAD.		
POSITION		STAR NO.		UNIT	

41. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS RAIN	
45. MAKE/MANUFACTURER SMITH & WESSON -US- (BODYGUARD, CHIEF SPECIAL)		46. MODEL 5943		47. BARREL LENGTH 4		48. CALIBER/GAUGE 9 MM	
49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID, NO.	
53. HANDGUN CERTIFICATE NO.		54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED Department Issued	
57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58. TOTAL NO. OF SHOTS MEMBER FIRED 1		59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	
61. NO OF CARTRIDGES/SHOT SHELLS RELOADED 0		62. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	
65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input checked="" type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input checked="" type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	
69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		70. EVENT NO.		71. R.D. NO.			

NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.	
73. REPORTING MEMBER (Print Name) KILLEN, KEVIN M STAR/EMPLOYEE NO. 6535 SIGNATURE [REDACTED]	
74. REVIEWING SUPERVISOR (Print Name) DE LA TORRE, MIGUEL STAR NO. 2699 SIGNATURE [REDACTED]	
DATE REVIEWED 10-MAY-2015 14:48:40 TIME 10-MAY-2015 14:48:40	

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☒ DNA

☐ REFUSED

☐ INTERVIEW NOT CONDUCTED (Specify Reason)

Animal Destruction

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

The Reporting Commander conducted an investigation into the events surrounding the weapons discharge to destroy an animal(pitbull) during the execution of Serach Warrant [REDACTED]. Upon the execution of said search warrant, Officer Killen was confronted by the owner of the dog and the dog who was at his(the owner)s side beginning to charge at officers. Despite repeated warnings by Officer Killen for the owner to restrain his dog, the dog charged. Fearing for his safety and the safety of fellow officers from attack, Officer Killen fired one shot striking the dog in the head. The dog retreated to a side bedroom located within the apartment and remained in room on a bed. Animal control was called who removed the dog. One shot was fired and all rounds are accounted for, casing recovered and inventoried under Inventory# [REDACTED]. Dog owner, [REDACTED] stated that he didn't restrain dog because he was confused, but didn't relate what he was confused about. The Reporting Commanders investigation determined that the Officer's actions were within the Department's Use of force Guidelines.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1075100 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

PANEPINTO, LEO

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

10-MAY-2015 15:09:15

79. TOTAL TRR's THIS EVENT No.

1

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO.

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) KILLEN, KEVIN M		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR	
STAR NO. 6535		ADDRESS OF OCCURRENCE [REDACTED]	
POSITION POLICE OFFICER		CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
DATE OF APPOINTMENT 13-DEC-1999	EMPLOYEE NO. [REDACTED]	LOCATION CODE 290-RESIDENCE	
UNIT OF ASSIGNMENT 009		BEAT OF OCCURRENCE 0715	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DATE OF OCCURRENCE 10-MAY-2015	TIME 12:00:00
DOB [REDACTED]		DAY OF WEEK SUNDAY	
HEIGHT 507	WEIGHT 155	NO. OF OFFICERS BATTERED 1	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO	
<input checked="" type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input checked="" type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? 8	
WORKING: <input type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input checked="" type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? 8 PATROL TYPE: <input type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input checked="" type="checkbox"/> F. OTHER TACTICAL OFFICER		MANNER OF ATTACK <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF ACTIVITY		TYPE OF WEAPON/THREAT	
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input checked="" type="checkbox"/> K. OTHER		(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> F. FFFT <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____ <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT	
TYPE OF INJURY TO OFFICER		FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		OFFENDER INFORMATION	
LIGHTING CONDITIONS AT INCIDENT		SEX <input type="checkbox"/> 1. M <input type="checkbox"/> 2. F	
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD		RACE _____	
		DOB _____	
		CB NO. _____	
		IR NO. _____	
		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN	
		GANG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN	
		NO. OF OFFENDERS PRESENT? 1	
		WEATHER CONDITIONS	
		<input type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER	
		<input checked="" type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL	
		<input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND	
		APPROXIMATE OUTDOOR TEMPERATURE: 48 °F	

Dog shot during the execution of a Search Warrant [REDACTED]

REPORTING MEMBER - SIGNATURE
KILLEN, KEVIN M

STAR NO.
6535

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
PANEPINTO, LEO 6

Home » eTrack » Inventory List Report

Inventory No.	Package No.	Incident No. RD - RECORD DIVISION NUMBER
Unit of Inventory	Site	Description
Date Recovered between	and	Beat
Item No.	Serial No.	ISP Case No.
Inventory Status - Select -	IUCR Code	Initial Destination - Select -
Property Type - Select -		
Star No.	Employee No.	Name
1st Officer's Unit	Description	
Currency Disposition - Select -	Search Warrant No.	
Gun Type - Select -	<input type="checkbox"/> Firearm was in vehicle prior to seizure	
POD No. - Select -	POD Observations - Select -	

Clear Search

☒ **TIP** The Inventory Item Inquiry provides a report of inventory items which have been Submitted.
Enter your search criteria and click the Search button. To view the details of an inventory, click the 'View' link to the left of each inventory item.

☒ **TIP** Serial Number search will also search the FSS Firearm Worksheet

	Inventory Number	Package Number	Item Number	Incident Number	IUCR	Inventory Unit	Recovered Date	Status	Created By	Property Type	Description	Current Location Unit
View					143A	DISTRICT 9	10-MAY-15	APPROVED		EXPENDED SHELL 9MM	EXPENDED SHELL	009
View					143A	DISTRICT 9	10-MAY-15	APPROVED		OTHER	DATA SHEET	009
View					143A	DISTRICT 9	10-MAY-15	APPROVED		OTHER	SEARCH WARRANT	009

row(s) 1 - 3 of 3

SEARCH WARRANT DATA / Chicago Police Department

UNIT 009 DISTRICT 9	WARRANT TYPE SEARCH WARRANT	WARRANT NO. [REDACTED]
DECONFLICTION NO [REDACTED]	OPERATION NAME	ISSUED DATE 08-MAY-2015 18:28

PART I - TO BE COMPLETED PRIOR TO SEARCH WARRANT EXECUTION

JURISDICTION CITY	NAME OF ATTORNEY (LAST, FIRST) [REDACTED]	NAME OF JUDGE (LAST, FIRST) ALLEGRETTI,	EMP NO. [REDACTED]
----------------------	--	--	-----------------------

OBJECT OF WARRANT

A blue stee semi-automatic handgun, any other weapons (firearms), ammunition, and any documents providing proof of residency.

PERSONNEL ASSIGNMENTS

NAME (LAST-FIRST-MI)	AGENCY NAME	STAR NO.	EMP NO.	ASSIGNMENT
LARMON, P, TIMOTHY	CPD	16282	[REDACTED]	AFFIANT
KEMPS, D, ANDREW	CPD	16145	[REDACTED]	BREECH
ENRIQUEZ JR, , DOMINGO	CPD	12794	[REDACTED]	ENTRY
CARRANZA, R, AARON	CPD	13693	[REDACTED]	ENTRY
KILLEN, M, KEVIN	CPD	6535	[REDACTED]	ENTRY
SAMMON, F, DANIEL	CPD	6787	[REDACTED]	ENTRY
COLON, L, ANGEL	CPD	13373	[REDACTED]	EVIDENCE SUPERVISOR
MOSTEK, M, CARLOS	CPD	196	[REDACTED]	SEARCH TEAM SUPERVISOR
DE LA TORRE, , MIGUEL	CPD	2699	[REDACTED]	SUPERVISING SERGEANT OR AE

EQUIPMENT EXCEPTION

ITEMS FOR CONSIDERATION

1. Residency Check
2. Number of occupants anticipated:
 - a. adults, children, males, females
 - b. procedures if children or females are present
3. identity of occupants likely to be present
(physical description, criminal history, etc.)
4. Condition of occupants
(asleep, intoxicated, etc.)
5. Type of security on premises
(animals, burglar gates, reinforced doors, lookouts, etc.)
6. Type of equipment needed:
 - a. miscellaneous items (handcuffs, flashlights, whistles, etc.)
 - b. specialized items (sledge hammer, crowbar, camera, binoculars, etc.)
7. Expectation of weapons present
8. Hazards particular to premises
9. Other relevant data
10. Duty Assignments:
 - a. positions
 - b. use of equipment
 - c. order of entry
Note: Officer's effecting forced entry should NOT be the first to enter the premises
 - d. security of arrestees
 - e. security of contraband seized
 - f. security of Department equipment
 - g. disposition of children under the age of 18 who may be neglected as a result of an arrest or otherwise
 - h. radio procedures
 - i. Notifications
 - j. post-search premises security
11. Contingency plan

WARRANT STATUS
APPROVED-POST EXECUTION

UNIT COMMANDING OFFICER'S/WATCH COMMANDER'S SIGNATURE
DE LA TORRE, MIGUEL

STAR NO.
2699

UNIT 009 DISTRICT 9	WARRANT TYPE SEARCH WARRANT	WARRANT NO. [REDACTED]	ISSUED DATE 08-MAY-2015 18:28
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PART II - TO BE COMPLETED FOLLOWING SEARCH WARRANT EXECUTION

COUNTY COOK	RAID NUMBER	DECONFLICTION NO [REDACTED]	OPERATION NAME
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LOCATION DESCRIPTION APARTMENT	SEARCH LOCATION ADDRESS [REDACTED]	BEAT OF OCCURRENCE 715	DISTRICT 007
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SUBJECT'S NAME (LAST-MI FIRST) [REDACTED]	SEX MALE	RACE WHITE	DATE OF BIRTH I.R.No. [REDACTED]
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COMMUNICATION OPERATIONS SECTION

NAME	AGENCY	STAR	EMP NO.	ASSIGNMENT TYPE
DE LA TORRE,,MIGUEL	CPD	2699	[REDACTED]	NOTIFICATION AFTER ENTRY MADE BY
ANDERSON,T,JOHN	CPD	572	[REDACTED]	NOTIFICATION PRIOR TO ENTRY RECEIVED BY
DE LA TORRE,,MIGUEL	CPD	2699	[REDACTED]	OEMC - NOTIFIED PRIOR TO ENTRY BY
ANDERSON,T,JOHN	CPD	572	[REDACTED]	UNIT COMMANDING OFFICER/WATCH COMMANDER
GIGLIO,S,ROBERT	CPD	2263	[REDACTED]	WATCH COMMANDER OF THE DISTRICT OF OCCUR
PD18,	NON-CPD OEMC			NOTIFICATION AFTER ENTRY RECEIVED BY

WARRANT EXECUTED ? WARRANT EXECUTED DATE
☐ NO ☒ YES 10-MAY-2015 12:00

ARREST MADE? NO PROPERTY RECOVERED? NO PREMISES TRAPS? NO
 ATTACK DOGS USED? YES APARTMENT BARRICADED? NO GUNS FOUND? NO

CASE INFORMATION TURNED OVER TO DRUG & GANG HOUSE PROSECUTION? NO

ADDITIONAL INFORMATION (ANY UNUSUAL CHARACTERISTICS)

TRR COMPLETED

RECORD THE NAME AND STAR OF THE RECOVERING OFFICER, A DESCRIPTION OF THE ITEM(S) SEIZED AND THE LOCATION OF DISCOVERY FOR EACH DISTINCT SEIZURE

INVENTORY ID	ITEM ID	PROPERTY TYPE	QUANTITY	DESCRIPTION
[REDACTED]		OTHER	1	SEARCH WARRANT
[REDACTED]		OTHER	1	DATA SHEET
[REDACTED]		EXPENDED SHELL	1	9MM EXPENDED SHELL

WARRANT STATUS	UNIT COMMANDING OFFICER'S/WATCH COMMANDER'S SIGNATURE	STAR NO.	DATE
APPROVED-POST EXECUTION	DE LA TORRE, MIGUEL	2699	10-MAY-15







BUREAU OF INTERNAL AFFAIRS
Investigations Division

10 May 2015
Log No. 1075100

TO: Juan J. RIVERA
Chief
Bureau of Internal Affairs

ATTN: Robert Klimas
Commander
Investigations Division

ATTN: Lt. Gregory KLICHOWSKI – Commanding Officer
Investigations Division
Investigations South/Central

FROM: Sergeant Majed Assaf
Investigations Division
Investigations North

SUBJECT: Synoptic Report – Weapons Discharge (ANIMAL)

RESULTS: BrAC .000

REFERENCE: LOG No. 1075100
WD No. [REDACTED]

INCIDENT LOCATION: [REDACTED]

DATE & TIME: 10 May 2015 at approximately 1200 hours

Commander: Commander Panepinto #6

INVOLVED MEMBER: Police Officer Kevin KILLEN
Star #6535; Employee [REDACTED] Unit 009
Date of appointment: 13 DEC 1999
DOB: [REDACTED]



OPERATOR
Assaf #1778
WITNESS
TEST LOCATION
3120 S. Halsted (009 Dist)

BUREAU OF INTERNAL AFFAIRS
Investigations Division

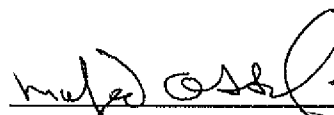
10 May 2015
Log No. 1075100

NARRATIVE:


R/Sgt received notification via CPIC Police Officer SCHNIER #12363 at 1214 hours on 10 MAY 2015 regarding a Firearm Discharge Incident in the 007th District.

R/Sgt arrived and began the 20 minute observation period of P/O Kevin KILLEN #6535 at 1354 hours. P/O KILLEN was presented with the "Notice of Alcohol and Drug Testing Following a Firearm Discharge Incident" form. The Breath Test for P/O KILLEN was conducted at 1416 hours and the BrAC was .000. The District Commander was notified of the results.

R/Sgt also collected the urine specimen of P/O KILLEN at 1400 hours.

 #1778
Sergeant Majed Assaf #1778
Investigations Division
Investigations North

APPROVED:

 #320
Lt. Susan Clark – Commanding Officer
Investigations Division
Administrative Section



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name Kevin Killen Title P/O
Star No. 6535 Employee No. [REDACTED] Unit 009

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

Print Member's Name	Involved Member's Signature	Date and Time
Kevin Killen		10 May 2015 1354

Type of Test	Location	Date and Time
Alcohol	3120 S. Halsted (009th Dist)	10 May 2015 1416
Drug	3120 S. Halsted (009th Dist)	10 May 2015 1400

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name	B.I.A. Supervisor's Signature	Date and Time
M. Assaf #1778		10 May 2015 1430

CPD-44.252 (REV. 6/12)

DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER.

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by _____

☐ Employer Representative _____

Signature of Employer Representative

PART I - A. On the 10 day of MAY, 2015 at 2:00pm, KEVIN KELLEN
(TIME) (PRINT NAME)
removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this
same cup, then I delivered this cup containing my urine specimen to SGT MAJED ASSEF
and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link
between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial
with the control number printed on it's side.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial.
I then initialed the evidence tape with specimen ID number _____

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode
label on bag with the number _____

A	B
MAIN TEST VIAL - NO.	ALTERNATE TEST VIAL - NO.
_____	_____

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

PART II - The urine specimen with the control number _____ was received and then secured in the
appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

[Signature], on 5/12/15, at 0630
(STAFF MEMBER'S SIGNATURE) (DATE) (TIME) (EXAMINEE'S INITIALS)

PART III - I attest that the sealed urine specimen bag containing specimen ID number _____
was removed from the Random Drug Testing Unit refrigerator by _____
(RDTU MEMBER)
and then delivered to _____, on _____, at _____
(LAB MEMBER) (DATE) (TIME)

Specimen received by _____
(LAB MEMBER'S INITIALS) (RDTU MEMBER'S SIGNATURE) STAR/EMP NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

QUEST DIAGNOSTICS INC.
RANDOM DRUG TEST PROGRAM
3510 S DUNCAN AVE
CHICAGO IL 60643
PH 312-245-5053 FAX 312-245-0819

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last: First:

E. Donor ID Verified: ☒ Photo ID ☐ Emp. Rep.

F. Reason for Test: ☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☐ Post-Accident (2) ☐ Promotion (22)
☐ Return to Duty (6) ☐ Follow-up (23) ☒ Other (specify) (99) Weapons Discharge

G. Drug Tests to be Performed:

1. 294107N SOP 9-507-303 100107N

H. Collection Site Name:

Collection Site Code:

Address:

City, State and Zip:

Collector Phone No.:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split ☒ Single ☐ None Provided (Enter Remark) ☒ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 1 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X M. Asaf
Signature of Collector
(Print) Collector's Name (First, MI, Last)

2:00 AM
Time of Collection
05/10/15
Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier ☐ FedEx

☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: X

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact

☐ Yes

☐ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X [Signature]
Signature of Donor

KEVEN KILLEN
(PRINT) Donor's Name (First, MI, Last)

05/10/15
Date (Mo./Day/Yr.)

Daytime Phone No. ()

Evening Phone No. ()

Date of Birth 12/3/76
Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

☐ NEGATIVE ☐ POSITIVE ☐ TEST CANCELLED ☐ REFUSAL TO TEST BECAUSE:
☐ DILUTE ☐ ADULTERATED ☐ SUBSTITUTED

REMARKS

X [Signature]
Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON

X [Signature]
Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

COPY 2-MEDICAL REVIEW OFFICER COPY

CPD 0285641

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last:

First:

E. Donor ID Verified:

☒ Photo ID ☐ Emp. Rep.

F. Reason for Test:

☐ Pre-employment (1) ☐ Random (3) ☐ Reasonable Suspicion/Cause (5) ☐ Post-Accident (2) ☐ Promotion (22)
☐ Return to Duty (6) ☐ Follow-up (23) ☒ Other (specify) (99) Weapons Discharge

G. Drug Tests to be Performed:

H. Collection Site Name:

Collection Site Code:

Address:

City, State and Zip:

Collector Phone No.:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split ☒ Single ☐ None Provided (Enter Remark) ☒ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 1 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X M. Assaf
Signature of Collector
(Print) Collector's Name (First, MI, Last)

2:00 PM
Time of Collection
05/10/15
Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

☒ Quest Diagnostics Courier ☐ FedEx
☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: X

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact

☐ Yes
☐ No, Enter Remark

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X [Signature]
Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

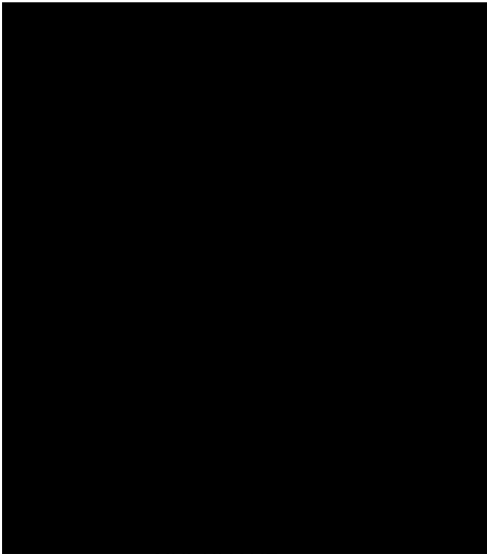
Date (Mo./Day/Yr.)

Daytime Phone No. ()

Evening Phone No. ()

Date of Birth

Mo. Day Yr.



OPERATOR

Assaf #1778

WITNESS

TEST LOCATION

3120 5 Halsted (009 Dist)

Last Name: Killen

First Name: Kevin

Rank: P10

Star #: 6535

Unit: 009

Home Zip Code:

Date Hired: 13 Dec 99

Birthdate: [REDACTED]

RANDOM DRUG TESTING UNIT

ALTERNATE COLLECTION RECEIPT

On the 12 day of MAY 2015, P.O. SAETZ A 19581 # 19581
 received a collected urine specimen from SGT. ASSAF 1778 # 1778. The specimen
 was delivered in sealed / unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
 one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by P.O. SAETZ A 19581 in the presence
 of SGT. ASSAF 1778. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest
 Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
 by P.O. SAETZ A 19581, as witnessed by SGT ASSAF 1778

Specimen delivered by: [Signature] # 1778
 Signature

Received/stored by: [Signature] # 19581
 Signature

EVIDENCE COLLECTION BAG

BUREAU OF INTERNAL AFFAIRS
CHICAGO POLICE DEPARTMENT

DIRECTIONS: PLACE SAMPLES IN BAG. REMOVE ADHESIVE AND CLOSE BAG TO ENSURE PERMANENT SEAL. THE B.I.A. MEMBER AND PERSON SUBMITTING THE SAMPLE WILL AFFIX THEIR SIGNATURES ON THE SEALED SECTION OF THE BAG AS EVIDENCE THAT THE BAG HAS BEEN PROPERLY SEALED.

DATE RECOVERED

10 May 15

TIME RECOVERED

1400 hours

LOCATION RECOVERED

3120 S. Halsted

LOG/C.R. NO.

1075100

RECORDS DIVISION NO.

—

WEAPONS DISCHARGE NO. U-NO.

[REDACTED]

—

PERSON SUBMITTING SAMPLE

[REDACTED]

STAR NO.

[REDACTED]

B.I.A. MEMBER COLLECTING SAMPLE

M. Assaf

STAR NO.

1778

REMARKS/ADDITIONAL INFORMATION

one Quest Diagnostic bag containing urine
sample (Vile A)

one urine sample (Vile B)

EVIDENCE COLLECTION BAG

BUREAU OF INTERNAL AFFAIRS
CHICAGO POLICE DEPARTMENT

DIRECTIONS: PLACE SAMPLES IN BAG. REMOVE ADHESIVE AND CLOSE BAG TO ENSURE PERMANENT SEAL. THE B.I.A. MEMBER AND PERSON SUBMITTING THE SAMPLE WILL AFFIX THEIR SIGNATURES ON THE SEALED SECTION OF THE BAG AS EVIDENCE THAT THE BAG HAS BEEN PROPERLY SEALED.

DATE RECOVERED <i>10 May 15</i>		TIME RECOVERED <i>1400 hours</i>	
LOCATION RECOVERED <i>3120 S. Halsted</i>		LOG/C.R. NO. <i>1075100</i>	
RECORDS DIVISION NO. <i>—</i>	WEAPONS DISCHARGE NO. <i>[REDACTED]</i>	U-NO. <i>—</i>	
PERSON SUBMITTING SAMPLE <i>[REDACTED]</i>		STAR NO. <i>[REDACTED]</i>	
B.I.A. MEMBER COLLECTING SAMPLE <i>M. Assaf</i>		STAR NO. <i>1778</i>	

REMARKS/ADDITIONAL INFORMATION

*one Quest Diagnostic bag containing urine
sample (Vile A)
one urine sample (Vile B)*

Last Name: Killen

First Name: Kevin

Rank: P10

Star #: 6535

Unit: 009

Home Zip Code:

Date Hired: 13 Dec 99

Birthdate: [REDACTED]



12 MAY 15



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name Kevin Killen Title P/O
Star No. 6535 Employee No. [REDACTED] Unit 009

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

Print Member's Name	Involved Member's Signature	Date and Time
Kevin Killen		10 May 2015 1354

Type of Test	Location	Date and Time
Alcohol	3120 S. Halsted (009th Dist)	10 May 2015 1416
Drug	3120 S. Halsted (009th Dist)	10 May 2015 1400

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name	B.I.A. Supervisor's Signature	Date and Time
M. Assaf #1778		10 May 2015 1430

CPD-44.252 (REV. 6/12)

DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER.

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by _____

☐ Employer Representative _____

Signature of Employer Representative _____

PART I - A. On the 10 day of MAY, 2015 at 2:00pm, KEVIN KELLEN
(TIME) (PRINT NAME)
removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this
same cup, then I delivered this cup containing my urine specimen to SGT MAJED ASSEF
and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link
between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial
with the control number printed on it's side.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial.
I then initialed the evidence tape with specimen ID number _____

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode
label on bag with the number _____

A	B
MAIN TEST VIAL - NO.	ALTERNATE TEST VIAL - NO.

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

PART II - The urine specimen with the control number _____ was received and then secured in the
appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

[Signature], on 5/12/15 at 0630
(STAFF MEMBER'S SIGNATURE) (DATE) (TIME) (EXAMINEE'S INITIALS)

PART III - I attest that the sealed urine specimen bag containing specimen ID number _____
was removed from the Random Drug Testing Unit refrigerator by _____
(RDTU MEMBER)
and then delivered to _____, on _____, at _____
(LAB MEMBER) (DATE) (TIME)

Specimen received by _____
(LAB MEMBER'S INITIALS) (RDTU MEMBER'S SIGNATURE) STAR/EMP NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

 CHICAGO POLICE DEPT
 RANDOM DRUG UNIT 1100/57
 3510 S. MICHIGAN AVE
 CHICAGO, IL 60643
 PH 312-745-5053 FAX 312-745-6049

B. MRO Name, Address, Phone and Fax No.

NAME ID 33745-1000

C. Donor SSN or Employee I.D. No.

D. Donor Name:

Last:

First:

E. Donor ID Verified:



Photo ID



Emp. Rep.

F. Reason for Test:



Pre-employment (1)



Random (3)



Reasonable Suspicion/Cause (5)



Post-Accident (2)



Promotion (22)



Return to Duty (6)



Follow-up (23)



Other (specify) (99)

Weapons Discharge

G. Drug Tests to be Performed:

ALL DRUGS SEP 9-2014 1100/57

H. Collection Site Name:

CHICAGO POLICE DEPT

Collection Site Code:

Address:

3510 S MICHIGAN AVE

City, State and Zip:

CHICAGO

IL 60643

Collector Phone No.:

312-745-5053

Collector Fax No.:

312-745-6049

STEP 2: COMPLETED BY COLLECTORRead specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:



Split



Single



None Provided (Enter Remark)



Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.**STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY**

I certify that the specimen given to me by the donor identified in the certification section on Copy 1 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

M. Asaf
 Signature of Collector
 (Print) Collector's Name (First, MI, Last)

2:00 PM
 Time of Collection
05/10/15
 Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:☒ Quest Diagnostics Courier ☐ FedEx☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED**AT LAB:** ☒

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact☐ Yes☐ No, Enter Remark**SPECIMEN BOTTLE(S) RELEASED TO:****STEP 5: COMPLETED BY DONOR**

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

M. Asaf
 Signature of Donor

KEVIN KILLEN
 (PRINT) Donor's Name (First, MI, Last)

05/10/15
 Date (Mo./Day/Yr.)

Daytime Phone No. ()

Evening Phone No. ()

12/3/76
 Date of Birth
 Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

☐ NEGATIVE☐ POSITIVE☐ TEST CANCELLED☐ REFUSAL TO TEST BECAUSE:☐ DILUTE☐ ADULTERATED☐ SUBSTITUTED

REMARKS

☒

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

☐ RECONFIRMED☐ FAILED TO RECONFIRM - REASON☒

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

COPY 2-MEDICAL REVIEW OFFICER COPY

CPD 0285651

RANDOM DRUG TESTING UNIT

ALTERNATE COLLECTION RECEIPT

On the 12 day of MAY 2015, P.O. SAETZ A 19581 # 19581
received a collected urine specimen from SGT. ASSAF # 1778. The specimen
was delivered in sealed / unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag).

or

☐

The packaging was then opened by P.O. SAETZ A 19581 in the presence
of SGT. ASSAF 1778. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by P. SAETZ A 19581, as witnessed by SGT ASSAF 1778

Specimen delivered by:

Signature

1778

Received/stored by:

Signature

19581



5/13/2015 11:27:56 AM

Drug Detail Report

PATIENT INFORMATION

Quest Diagnostics Employer Solutions
Customer Care: 800-877-7484

Primary ID: [REDACTED]

SPECIMEN INFORMATION

REQUISITION: [REDACTED]
LAB REF NO: 410182T
COLLECTED: 5/10/2015 14:00
RECEIVED: 5/13/2015 06:58
REPORTED: 5/13/2015 11:39
DOCUMENT ID:

CLIENT INFORMATION

[REDACTED]
USHW/CHICAGO POLICE DEPT
3510 S MICHIGAN AVE
CHICAGO, IL 60653
CSL: N/P

Reason: OTHER -- WEAPONS DISCHARGE

Tests Ordered: 39409N

Integrity Checks

Acceptable Range

CREATININE	82.6 mg/dL	>/= 20 mg/dL
pH	4.6	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

Substance Abuse Panel

	Initial Test Level	GC/MS Confirm Test Level
--	-----------------------	-----------------------------

AMPHETAMINES	Negative	1000 ng/mL	500 ng/mL
BARBITURATES	Negative	300 ng/mL	200 ng/mL
BENZODIAZEPINES	Negative	300 ng/mL	200 ng/mL
COCAINE METABOLITES	Negative	300 ng/mL	150 ng/mL
MARIJUANA METABOLITES	Negative	50 ng/mL	15 ng/mL
METHADONE	Negative	300 ng/mL	200 ng/mL
MDA-ANALOGUES	Negative	250 ng/mL	200 ng/mL
OPIATES	Negative	300 ng/mL	300 ng/mL
OXYCODONES	Negative	100 ng/mL	100 ng/mL
PHENCYCLIDINE	Negative	25 ng/mL	25 ng/mL
PROPOXYPHENE	Negative	300 ng/mL	200 ng/mL

CERTIFYING SCIENTIST: KSEM05

SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa
10101 Renner Blvd
Lenexa KS 66219

ADDITIONAL COMMENTS:

Test Type: WEAPONS DISCHARGE mapped to OTHR